

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 10/28/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 10/31/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8535	1	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		0	0		0	1	1	0
3404904	WESTERN HIGHLAN DS LME	8599	72	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	133	7193	7060
		8564	11	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.				
3404910	PATHWAYS	11	128	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		5308	70	PRIOR AUTHORIZED UNITS EXCEED D	0	291	4431	4140
		8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8622	21	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		10	3	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	28	1241	1213
		21	2	DUPLICATE OF CLAIM-SYSTEM				
3404913	MECKLENBURG COM ENTAL HEALT	8505	4263	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1930	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	8784	8788	4
		79	1387	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404916	CROSSROADS BEHA VIORAL HEAL	8505	491	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	72	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	614	1866	1252
		8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	11	130	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	33	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	212	1583	1371
		8536	14	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1285	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	165	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1674	2354	680
		8536	89	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASWEL L AREA MH D	79	298	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		5404	193	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	778	39165	38387
		8599	125	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	21	686	DUPLICATE OF CLAIM-SYSTEM				
		8599	335	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	7	2244	8614	6370
		5404	245	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404922	THE DURHAM CENT ER	21	3529	DUPLICATE OF CLAIM-SYSTEM				
		8599	117	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	3755	7580	3825
		8800	72	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404923	FIVE COUNTY MH	8505	2655	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	205	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	3039	3372	333
		8536	84	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	3383	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	93	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	12	3703	3931	228
		8599	57	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	21	1021	DUPLICATE OF CLAIM-SYSTEM				
		11	335	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	1836	4211	2375
		23	105	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	8622	103	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	76	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	316	1229	913
		21	44	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	127	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	41	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	2	242	3705	3463
		21	38	DUPLICATE OF CLAIM-SYSTEM				
3404931	WAKE CO HUM SVC BILLING OF	8599	113	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	113	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	25	393	3476	3083
		8000	63	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404933	SOUTHEASTERN CT R FOR MH/DD	8536	2457	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	312	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2964	10338	7374
		191	101	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow CARTERET BEHAV HEAL	8535	202	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		8505	193	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	853	1840	987
		8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	8	1549	1541
3404939	EAST CAROLINA B EHAVIORAL H	8505	208	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	66	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	384	2715	2331
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***			CLAIMS
	EHAVIORAL H						PAID
		0	0		0	0	0
3404943	ALBEMARLE MENTA	8599	59	DETAIL NOT COVERED BY COMBINAT			
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		79	31	THIS SERVICE IS NOT PAYABLE TO	4	251	3035
				YOUR SUBMITTED BILLING			2784
				PROVIDER TYPE AND SPECIALTY IN			
		8564	28	SERVICE EXCEEDS THE ALLOWABLE			
				OF ONE OCCURRENCE WITHIN AN			
				ELIGIBILITY PERIOD.			
3404944	EASTPOINTE HUMA	8505	38	CLAIM DENIED DUE TO INSUFFICIE			
	N SERVICES			NT BUDGET			
		8621	22	60 RESIDENTIAL LEVEL III TREAT	0	85	1850
				MENT RECEIVED, PA IS REQUIRED			1765
				FOR ADDITIONAL SERVICE.			
		8599	12	DETAIL NOT COVERED BY COMBINAT			
				ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
3404946	FOOTHILLS AREAM	21	408	DUPLICATE OF CLAIM-SYSTEM			
	ENTAL HEALT						
		8599	196	DETAIL NOT COVERED BY COMBINAT	6	903	2310
				ION OF RECIPIENT, PROVIDER AND			1407
				BENEFIT PACKAGE.			
		3746	74	RELATED CODES NOT ALLOWED SAME			
				DATE OF SERVICE.			